

**Legislative Testimony**  
**Human Services Committee**  
**Proposed Bill No. 6550 An Act Concerning Medicaid Provider Audits**  
**Wednesday, February 11, 2015**  
**Carolyn J. Malon, DDS**

Dear Members of the Human Services Committee,  
My name is Carolyn Malon, and I am a Past-President of the Connecticut State Dental Association. I practice dentistry in Farmington, Connecticut and I am a Husky provider. I am writing in support of Proposed Bill No. 6550, An Act Concerning Medicaid Provider Audits.

Over the course of the last several years, the Connecticut State Dental Association has worked closely with the leadership of our state legislature to develop a network of dental Medicaid providers that is the envy of other states in our country. We currently have over 1,900 dental providers enrolled in the Medicaid program.

It is an unfortunate fact that there have been a small number of providers who have been found to have committed fraudulent activity in the course of their billings. The vast majority of dentists enrolled however, are honestly trying to follow the rules and provide quality dental care to their patients. The audit process which looks for fraud is now adversely affecting a number of our CSDA member dentists, and the leadership in our association have been hearing from them. We are hoping that the provisions in Proposed Bill No. 6550 will help to make the audit process more fair, while at the same time ensuring that those who are perpetuating fraud are appropriately reprimanded or penalized.

I understand the need for audits of practitioners and offices which are the outliers, and support the efforts of the Department of Social Services to identify fraud and abuse within the system. It is unfortunate that the methods by which the Department is going about this process have become a great burden to those dentists who are undergoing audits. The use of extrapolation is being applied in instances of clerical errors and other situations where its use was not intended. The original intent was to use extrapolation only in instances of fraud, and only in those practices whose billings were among the small group with very large Medicaid billing. Extrapolation is currently being used across the board in the audit process. Additionally, audits are being performed not only on the outliers, but on a great many dental practices, even when fraud is not suspected. Indeed, I heard the Commissioner of DSS state in public testimony last year that the intent was to audit **all providers!** This seems a very poor method for finding fraud, and places a rather onerous burden on dentists who are trying to do the right thing by providing care at a much reduced rate to the citizens of Connecticut who might otherwise not receive care.

The leadership of the CSDA wishes to assist our members in complying with DSS guidelines and in protecting the public. We are most adamant that those committing fraud be penalized, while we desire that those who are merely making honest errors in charting or billing be treated fairly. I support the efforts of the Committee to modify the Medicaid audit process to ensure fair treatment of all providers, and I offer my assistance in whatever capacity is needed to help to make this work in the interest of all.

Respectfully submitted,

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